



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY

2300 E STREET NW

WASHINGTON DC 20372-5300

Canc: Feb 2004

IN REPLY REFER TO

BUMEDNOTE 1520

BUMED-M09BDC

5 Feb 2003

BUMED NOTICE 1520

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Dental Personnel

Subj: ANNOUNCEMENT OF FISCAL YEAR (FY) 2004 DENTAL RESIDENCY TRAINING,
POSTDOCTORAL EDUCATION AND TRAINING, AND ADVANCED CLINICAL PROGRAMS

Ref: (a) MANMED, Chapter 6, Section XVI
(b) ASD(HA) memo of 9 Aug 2002 (NOTAL)
(c) SECNAVINST 7220.61G

Encl: (1) FY 2004 Advanced Dental Education Availability Announcement
(2) Dental Education Application Brief Sheet, NAVMED 1520/16,
(Rev 12-02)
(3) Evaluation for Advanced Dental Education, NAVMED 1520/17,
(Rev 12-02)

1. Purpose. To announce the availability of dental residency training, postdoctoral education and training, and advanced clinical programs (ACP) beginning in FY 2004 and to provide information concerning application procedures.

2. Cancellation. BUMEDNOTE 1520 of 12 Feb 2002.

3. Background. Chief, Bureau of Medicine and Surgery will convene a selection board to recommend Dental Corps officers for assignment to full-time residency training programs, postdoctoral education and training programs, and Advanced Clinical Programs (ACP) in FY 2004. Full-time in-service (FTIS) residency training programs are conducted at the Naval Postgraduate Dental School, Bethesda, MD, various naval hospitals, and other federal institutions. A limited number of full-time out-service (FTOS) residency and postdoctoral education and training programs are available in civilian universities and institutions. Training for ACP is conducted at selected Naval Dental Centers.

4. Availability of Programs. Reference (a) describes Department of the Navy (DON) training programs for dental officers. Needs of the Navy determine the programs available for training and number of trainees projected in each program. Enclosure (1) provides a list of anticipated residency and postdoctoral educational programs beginning in FY 2004.

5. Residency Training Programs. In-service residency training programs train dental officers for the specialty care needs of the Navy and Marine Corps beneficiaries. Out-service residency training programs supplement in-service residencies and provide training in specialty areas not available in military training programs. All residency-training programs meet American Dental Association or Federal Services Board of General Dentistry certification requirements. Dental officers selected for these programs are expected to pursue board certification.

6. Advanced Clinical Programs (ACP). One year ACPs provide general dentists with advanced clinical skills in general dentistry and exodontia. Successful completion of an ACP may enhance an officer's opportunity for later residency training. A utilization assignment following completion of an ACP will generally be required before selection to residency training. Applicants for ACP must complete a minimum of 5 years of active duty service as a dental officer before the start of the program.

7. Masters in Health Care Administration

a. The U.S. Army-Baylor University Program in Health Care Administration is offered at the Academy of Health Sciences, U.S. Army, Fort Sam Houston, TX. This full-time in-service Masters in Health Care Administration Program is designed to provide dental corps officers with a broad knowledge of executive skills needed to lead and manage health care services. It is fully accredited by the Accrediting Commission on Education for Health Services Administration (ACEHSA).

b. The program consists of a 54-week didactic phase and a 52-week administrative phase through an appropriate follow-on tour, such as assignment to a major medical or dental command or staff headquarters with additional duty assignment to major health care policy organizations.

c. Prerequisites include a bachelors degree, a 2.7 or higher grade point average or a 3.0 for the last 60 hours of course work (undergraduate), a minimum of 500 on the Graduate Management Admission Test (GMAT) or 1,000 on the Graduate Record Exam (GRE). College math and algebra are recommended.

d. After completing required course work and successfully passing the GMAT or GRE, the dental officer must forward official transcripts to the Baylor Program. The packages are forwarded to the graduate school admission office for evaluation. If accepted, the dental officer must then apply to the Dental Corps Duty Under Instruction (DUINS) Board for consideration. For additional information, see paragraph 9b or visit their Web site at: <http://www.cs.amedd.army.mil/baylorhca/>.

e. This nationally-ranked academic program provides a solid foundation in health care finance, communication, technology, and personnel management. The curriculum is designed to prepare students for future leadership positions in executive medicine. Graduates earn the degree of Master of Health Care Administration and go on to secure senior management and policy positions in a wide range of health care settings throughout the public and private sector.

8. Eligibility for Advanced Dental Education Training. Before commencement of a postdoctoral residency education program, dental officers must have completed their initial tour of duty and cannot be in a failure of selection promotion status. Consideration of an officer's military record, assignments (particularly operational or overseas assignments), total years of active duty service, and overall sustained superior military performance are an integral part of the DUINS board deliberations. Applicants who are unable to complete 20 years of active commissioned service by age 62 may submit a written request for waiver of this requirement with their application.

9. Application

a. To apply, the officer must submit the following to Naval Medical Education and Training Command (NMETC), Code OGDC, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611:

(1) A letter of request with appropriate endorsements accompanied by a statement of motivation clarifying the applicant's background, interests, and reasons for requesting the desired training, per reference (a).

(2) Official scholastic transcripts for all pre-dental, dental, and other significant education. Applicants whose transcripts do not provide class standing or grade point average must request a dean's letter indicating class standing or an equivalent.

(3) Advanced Dental Education Application Brief Sheet, enclosure (2).

(4) A maximum of three letters of evaluation using enclosure (3). It is suggested that at least one letter be from a dental officer in the specialty area requested for training. Evaluations and other material received directly are considered confidential and will not be provided to the applicant by NMETC, Code OGDC.

b. For questions concerning application procedures, contact the Dental Corps Programs Officer, NMETC Bethesda at DSN 295-0650, (301) 295-0650, or FAX (301) 295-1783, or send E-mail to: bwelbourn@nmetc.med.navy.mil or jhenry@nmetc.med.navy.mil.

c. Active duty obligation (ADO) incurred for participation in dental residency training programs is 1 year for each year of FTIS or FTOS training and a minimum of 1 year for programs of less than 2 years duration, per reference (a). Endodontic and orthodontic residents will incur a minimum of 3 years of active duty obligation regardless of program length. Programs leading to a master's degree (which require additional training and/or funding) incur an additional 2-year ADO. ADO for a master's degree obtained concurrently with a residency program may be served concurrently with the ADO for residency training. Doctoral programs incur a year for year ADO. This is general guidance for the ADO incurred during Graduate Dental Education (GDE). Obligation is individually calculated by Navy Personnel Command (NAVPERSCOM) and may vary from guidelines based on individual circumstances.

d. Second choices for training are not required but are encouraged in related disciplines, e.g., operative dentistry and prosthodontics, operative dentistry or comprehensive dentistry, etc.

e. Dental special pays for officers in residency programs will comply with references (b) and (c). Officers in ACP programs incur no special pay limitations.

10. Application Deadline. Applications for training beginning in FY 2004, including evaluations and transcripts, must arrive at NMETC, Code OGDC, postmarked no later than 15 April 2003.

5 Feb 2003

11. Notification. The DUINS Selection Board is scheduled to meet in June 2003. Notification of board results will be made by individual letter, via commanding officers, as soon as possible upon completion of board deliberations.

12. Pre-select Status. Applicants who are selected for FTOS programs by the DUINS board, but do not gain admission to a program in FY 2004 will be placed in a pre-select status. They will be automatically enrolled in an FTIS or Tri-service program in FY 2005 (pediatric dentistry pre-selects will be required to gain admission to an FTOS program). These candidates will not have to reapply to the DUINS board.

13. Forms. NAVMED 1520/16 (Rev. 12-02) and NAVMED 1520/17 (Rev. 12-2) are available on the navy medicine Web site at: <http://navymedicine.med.navy.mil/instructions/directives/default.asp> and choose the "Forms" option. Enclosures (2) and (3) are provided for use in the application process.



D. D. WOOFTER
Chief, Dental Corps

Available at:

<http://navymedicine.med.navy.mil/instructions/directives/default.asp>

FY 2004 ADVANCED DENTAL EDUCATION AVAILABILITY ANNOUNCEMENT

FTIS Residencies and Postdoctoral Education Programs

Comprehensive Dentistry
Endodontics
Oral and Maxillofacial Surgery ***
Oral Diagnosis, Oral Medicine, and Oral and Maxillofacial Radiology
Oral Maxillofacial Pathology **
Periodontics **
Prosthodontics **
Public Health Dentistry
Orofacial Pain/TMD
Masters in Health Care Administration
Maxillofacial Prosthetics - Fellowship *

FTOS Residencies and Postdoctoral Education Programs (Civilian)

Endodontics
Operative and Preventive Dentistry **
Oral and Maxillofacial Surgery ***
Orthodontics
Pediatric Dentistry
Periodontics **
Prosthodontics **

Advanced Clinical Programs

General Dentistry *
Exodontia *

* 1 year program
** 3 year program
*** 4 year program

Dental Education Application Brief Sheet

Instructions

1. Complete all applicable entries.
2. Follow current BUMEDNOTE 1520.
3. Forward this brief sheet to: Naval Medical Education and Training Command, Code OGDC, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
4. Any questions call: (301) 295-0650 or DSN 295-0650.

| | | | | | | | | | |
|---|--|--|--|-------|--|---|--|-----|--|
| Name (Last, First, MI) | | | | Grade | | Designator | | SSN | |
| Current duty station address | | | | | | | | | |
| Duty station telephone number (DSN and commercial) | | | | | | Home telephone <u>and</u> E-mail address | | | |
| Date of rank | | | | | | PRD | | | |
| Years active duty | | | | | | Years Navy Dental Officer (do not include scholarship time) | | | |
| Total years of operational or foreign shores duty as dental officer | | | | | | If notified of PCS orders – to where? | | | |
| Dates and location of duty stations: | | | | | | | | | |
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| | | | | | | | | | |
| First choice for training | | | | | | Second choice for training | | | |
| If I receive training leading to board eligibility, I will <input type="checkbox"/> will not <input type="checkbox"/> pursue board certification. | | | | | | | | | |
| As appropriate, fill in the following. I completed: | | | | | | | | | |
| AEGD/GPR (provide date completed and program location) | | | | | | | | | |
| Civilian postdoctoral fellowship (provide date completed and program location) | | | | | | | | | |
| Navy ACP (provide date completed and program location) | | | | | | | | | |
| Navy residency program (provide date completed and program location) | | | | | | | | | |
| Civilian residency/post-residency fellowship (provide date completed and program location) | | | | | | | | | |
| I have requested letters of evaluation from: (maximum 3) | | | | | | | | | |
| | | | | | | | | | |
| I have requested transcripts from: (include all pre-dental, dental and other significant education) | | | | | | | | | |
| | | | | | | | | | |

Demographic Information Request

Complete the following by circling the correct information. Completion of this information is voluntary and will not affect your request for training.

Age: 20-25 26-30 31-35 36-40 41-45 46-50 51+

Gender: Male Female

Ethnic Group: American Indian Asian African American Caucasian Filipino Hispanic Other

Privacy Act Statement

Authority to request this information is contained in 5 USC 301 and 10 USC 5031. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration and for planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.

Typed Name, Grade and SSN

Date

Signature

Evaluation for Advanced Dental Education

Instructions

1. Applicants must complete section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete section II.
3. Please answer all questions and complete the narrative portion of the evaluation.
4. Return evaluation in a sealed envelope directly to: Naval Medical Education and Training Command, Code OGDC, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611
5. Any questions call (301) 295-0650 or DSN 295-0650

Section I

| | | | |
|--|-------|--------------------------------------|-----|
| Name (Last, First, MI) | Grade | Designator | SSN |
| First choice requested for training | | Second choice requested for training | |
| Level of training requested <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> Ph.D. | | | |

Section II

| | |
|--|--|
| How well do you know the applicant? (Check all that apply) <input type="checkbox"/> Socially <input type="checkbox"/> Dental Student <input type="checkbox"/> GPR/AEGD student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident | How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> Member of command |
|--|--|

| | | |
|--|-------|-----|
| How many years have you known the applicant? | From: | To: |
|--|-------|-----|

Based upon your experience with other students, dentists and Navy Dental Corps officers, how does the applicant compare when considering the following Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion

| | |
|--|--------------------------------------|
| Rating Trait <input type="checkbox"/> Maturity <input type="checkbox"/> Judgement <input type="checkbox"/> Leadership <input type="checkbox"/> Personal Demeanor Communication skills <input type="checkbox"/> Oral <input type="checkbox"/> Written | Space for additional trait comments: |
|--|--------------------------------------|

This candidate ranks _____ out of _____ I have ranked this year
 This candidate ranks _____ out of _____ I have ranked in my career

Gifted individuals occasionally exhibit sporadic records due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of such problems.

INSTRUCTIONS FOR COMPLETING EVALUATION:

- Use this page only, no additional enclosures or other forms accepted. Please send back to NMETC in a sealed envelope.
- Evaluator must provide electronic and telephone contact information at bottom of this form.
- Evaluator must provide ranking of this applicant on the front of this form.
- Please provide a **concise, accurate** evaluation of this applicant's clinical abilities, aptitude, and potential to succeed in the requested program.

Evaluator's typed or printed name

Evaluator's title or position

Command or School

Evaluator's telephone number

E-mail address

Evaluator's signature

Date